

I hereby certify that this correspondence is being deposited with the United States Postal Service in first class mail in an envelope addressed to:

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

On Nov 22, 2005

TOWNSEND and TOWNSEND and CREW LLP

By: [Signature]

PATENT

Attorney Docket No.: 016354-005212US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Keith G. Lurie

Application No.: 10/765,318

Filed: January 26, 2004

For: SYSTEMS AND METHODS FOR
MODULATING AUTONOMIC
FUNCTION

Customer No.: 20350

Confirmation No. 9412

Examiner: Dinnatia Jo Doster Greene

Technology Center/Art Unit: 3736

AMENDMENT

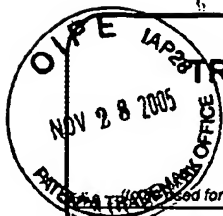
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed August 25, 2005, please enter the following amendments and remarks:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 5 of this paper.



TRANSMITTAL FORM

(Use this form for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number **10/765,318**
 Filing Date **January 26, 2004**
 First Named Inventor **Lurie, Keith G.**
 Art Unit **3736**
 Examiner Name **Dinnatia Jo Doster Greene**
 Attorney Docket Number **016354-005212US**

ENCLOSURES (Check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Fee Transmittal Form
<input type="checkbox"/> Fee Attached
<input checked="" type="checkbox"/> Amendment/Reply
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input type="checkbox"/> Extension of Time Request
<input type="checkbox"/> Express Abandonment Request
<input type="checkbox"/> Information Disclosure Statement

<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)
<input type="checkbox"/> Licensing-related Papers
<input type="checkbox"/> Petition
<input type="checkbox"/> Petition to Convert to a Provisional Application
<input type="checkbox"/> Power of Attorney, Revocation
<input type="checkbox"/> Change of Correspondence Address
<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Request for Refund
<input type="checkbox"/> CD, Number of CD(s) _____
<input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
Return Postcard |
|---|--|--|

Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name **Townsend and Townsend and Crew LLP**
 Signature _____
 Printed name **Darin J. Gibby**
 Date **November 22, 2005** Reg. No. **38,464**

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature **Connie Larson**
 Typed or printed name **Connie Larson** Date **November 22, 2005**